

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Donta Jenkins	COURT CASE NUMBER 18-cv-412-bbc
DEFENDANT Sharron	TYPE OF PROCESS CIVIL, summons and complaint

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
Sharron
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
Eau Claire County Jail, 710 Second Ave., Eau Claire, WI 54703

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Donta Jenkins, 506847 Waupun Correctional Institution P.O. Box 351 Waupun, WI 53963-0351	Number of process to be served with this Form 285 1	
	Number of parties to be served in this case 5	
	Check for service on U.S.A. No	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Mental health counselor at the Eau Claire County Jail.
Jail phone no. (715) 839-4702

Signature of Attorney other Originator requesting service on behalf of: <i>James J. Smith, Deputy Clerk</i>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 608-261-5724	DATE 12/6/18
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. 90	District to Serve No. 90	Signature of Authorized USMS Deputy or Clerk <i>Diana L. Forsberg</i>	Date 12-7-18
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I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above) <i>SHARON BESTERFELDT</i>	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above) 721 OXFORD AVE STE 1001 EAU CLAIRE, WI	Date 12/19/18 Time 1130 <input checked="" type="checkbox"/> am <input type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy <i>R. Michael</i>

Service Fee \$390.00	Total Mileage Charges including endeavors \$196.20	Forwarding Fee \$	Total Charges \$586.20	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) \$0.00
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REMARKS:

1 deputy, 6 hours RT, 360 miles RT

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED